

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO. 10-018, 992		FILING DATE	
						APPLICANT			
						HUNDRED CLAIMS			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2	1					52			
3	1					53			
4	1					54			
5	1					55			
6	1					56			
7	1					57			
8	1					58			
9						59			
10	1					60			
11	1					61			
12	1					62			
13	1					63			
14	1					64			
15						65			
16	1					66			
17	1					67			
18	1					68			
19	1					69			
20	1					70			
21	1					71			
22	1					72			
23	1					73			
24						74			
25						75			
26	1			1		76			
27	1			1		77			
28						78			
29						79			
30	1			1		80			
31	1			1		81			
32	1			1		82			
33	1			1		83			
34	1			1		84			
35	1			1		85			
36	1			1		86			
37	1			1		87			
38	1			1		88			
39	1			1		89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3					TOTAL IND.			
TOTAL DEP.	36					TOTAL DEP.			
TOTAL CHARGE	39					TOTAL CHARGE			